2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/31/2007-90066-008 $55.00 $55.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000029953

1. Entity Name

3 KINGS CONSTRUCTION, L.L.C.

Principal Place of Business	Mailing Address
309 WISTERIA STREET APT B PANAMA CITY BEACH FL 32407 US	309 WISTERIA STREET APT B PANAMA CITY BEACH FL 32407 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
309 Wisteria st.	
Suite, Apt. #, etc. B	Suite, Apt #, etc.
City & State P.C.B. FL.	City & State
Zip 32407 Country US.	Zip Country

2nd MOORE CR2E083 (4/07)

4. FEI Number 20-4536757 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~FITTON, KRIS~~
309 WISTERIA STREET
APT B
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FITTON, KRIS 308 WISTERIA STREET APT B PANAMA CITY BEACH FL 32407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 8-25-07 850 319 3415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #